

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	20205	9-2-99
O.I.P.E. CLASSIFIER		8	9-8-99
FORMALITY REVIEW	W	71423	9-14-99
	W	71423	12-21-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	10/16/01
2	✓	✓	10/16/01
3	✓	✓	10/16/01
4	✓	✓	10/16/01
5	✓	✓	10/16/01
6	✓	✓	10/16/01
7	✓	✓	10/16/01
8	✓	✓	10/16/01
9	✓	✓	10/16/01
10	✓	✓	10/16/01
11	✓	✓	10/16/01
12	✓	✓	10/16/01
13	✓	✓	10/16/01
14	✓	✓	10/16/01
15	✓	✓	10/16/01
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17	✓	✓	10/16/01
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25	✓	✓	10/16/01
26	✓	✓	10/16/01
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31	✓	✓	10/16/01
32	✓	✓	10/16/01
33	✓	✓	10/16/01
34	✓	✓	10/16/01
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39	✓	✓	10/16/01
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46	✓	✓	10/16/01
47	✓	✓	10/16/01
48	✓	✓	10/16/01
49	✓	✓	10/16/01
50	✓	✓	10/16/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE